



ARKANSAS STATE POLICE

ASP-122
(Rev. 12/08)

Identification Bureau Individual Record Check Form

Procedure For Criminal History Check

1. The ASP form 122, Individual Record Check Form, must be completed in its entirety. Please print legibly.
2. A check or money order in the amount of \$25.00, made payable to the Arkansas State Police, must be included.
3. If the request is presented in person, the person requesting must present a photo I.D. issued by a government agency.
4. If the request is made by mail, the signature on the ASP form 122 must be notarized. Please verify the accuracy of the information from a driver's license or Arkansas ID card. The information submitted should match the driver's license information.
5. If the request is made by mail, a self-addressed envelope with sufficient return postage must be included.
6. If the request is made by a third party, such as an employment agency or employer, the ASP form 122 must be notarized. Please verify the accuracy of the information from a driver's license or Arkansas ID card. The information submitted should match the driver's license information.
7. If the request is required by a particular licensing entity as mandated by state law, such as teachers, health care or police, please contact the appropriate licensing entity to obtain the proper forms and be advised of the correct procedure to obtain a criminal history.

Send requests to:

Arkansas State Police
Identification Bureau
#1 State Police Plaza Dr.
Little Rock, AR 72209

To contact the Identification Bureau, you may call 501-618-8500.

SEE OTHER SIDE FOR APPLICATION



ARKANSAS STATE POLICE

ASP-122
(Rev. 11/05)Identification Bureau
Individual Record Check FormFull Name: _____
Last Name First Name Middle Name_____ Daytime Phone# _____
All other names ever used (married, maiden, shortened, etc)Date of Birth: _____ State of Birth: _____ Race: _____ Sex: _____
(Month/Day/Year)Social Security #: _____ Driver's License #: _____
StateMailing Address: _____
Street City State ZIPI GIVE MY CONSENT FOR THE ARKANSAS STATE POLICE TO CONDUCT A CRIMINAL
RECORD SEARCH ON MYSELF AND RELEASE ANY RESULTS TO THE FOLLOWING
PERSON OR ENTITY:Name: _____ (phone) _____
Full Name of AgencyMailing Address: _____
Street City State ZIPSignature: _____ Date: _____
(First/MI/Last Name) (Month/Day/Year)

(NO REQUEST WILL BE PROCESSED WITHOUT A NOTARIZED SIGNATURE)

STATE OF _____
§

COUNTY OF _____

Subscribed and sworn before me, a Notary Public, in and for the county and state
aforesaid, this the _____ day of _____, 20 _____._____
Notary Public_____
For official use only☐ 82005 Civil Record Check☐ 82002 Volunteer